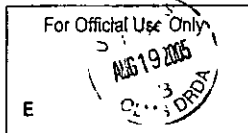


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



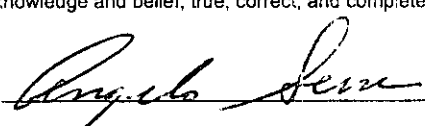
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 13056	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Angelo Serse P.O. Box, Bldg., Room No., if any Street 11 Valley Trail City Monroe State New York ZIP Code + 4 10950	4. Name, file number, and address of labor organization. Name I.U.P.A.T. District Council No. 9 AFL-CIO Labor Organization File Number 006-770 P.O. Box, Building and Room Number, if any Street 45 West 14th Street City New York State New York ZIP Code + 4 10011-7419
5. Position in labor organization. Business Representative	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name George Campbell Painting Corp. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 31-40 College Point Boulevard City Flushing State New York ZIP Code + 4 11354	7.a. Nature of Interest, Transaction, or Income. Attended safety seminar sponsored by employer. Amount includes meals and value of seminar. 7.b. Amount. \$300

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u></u>	On <u>8-13-05</u> (212) 255-2950 Date Telephone Number

Name of Person Filing Angelo Serse	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Magna Care</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 825 East Gate Boulevard</p> <p>City Garden City</p> <p>State New York ZIP Code + 4 11530</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name</p> <p>Name Painting Industry Insurance Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 45 West 14th Street</p> <p>City New York</p> <p>State New York ZIP Code + 4 10011</p>	<p>11.a. Nature of such dealing.</p> <p>None.</p>
	<p>11.b. Approximate dollar value of such dealing. \$0</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Lunch meeting with representatives of Magna Care.</p>
	<p>12.b. Amount. \$30</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg. Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p>None.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment. \$0</p>

Name of Person Filing Angelo Serse	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Alliance Capital Management, L.P.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street P.O. Box 7247-7930</p> <p>City Philadelphia</p> <p>State Pennsylvania ZIP Code + 4 19101-9126</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Painting Industry Insurance Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 45 West 14th Street</p> <p>City New York</p> <p>State New York ZIP Code + 4 10011</p>	<p>11.a. Nature of such dealing.</p> <p>Amounts paid to investment manager for the calendar year 2004.</p>
	<p>11.b. Approximate dollar value of such dealing. \$71,950</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Lunch meeting with representative of investment manager.</p> <p>12.b. Amount. \$30</p>

Name of Person Filing Angelo Serse

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name General Vision Services LLC</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 9th Floor</p> <p>Street 520 Eighth Avenue</p> <p>City New York</p> <p>State New York ZIP Code + 4 10018</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Pairing Industry Insurance Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 45 West 14th Street</p> <p>City New York</p> <p>State New York ZIP Code + 4 10011</p>	<p>11.a. Nature of such dealing.</p> <p>Amounts paid to optical benefit provider for the calendar year 2004.</p>
	<p>11.b. Approximate dollar value of such dealing. \$331,160</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Lunch meeting with representative of optical benefit provider.</p> <p>12.b. Amount. \$25</p>

Name of Person Filing Angelo Serse

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Reynolds Securities Ltd.</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 31st Floor</p> <p>Street 45 Broadway</p> <p>City New York</p> <p>State New York ZIP Code + 4 10006</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Painting Industry Insurance Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 45 West 14th Street</p> <p>City New York</p> <p>State New York ZIP Code + 4 10011</p>	<p>11.a. Nature of such dealing.</p> <p>Amounts paid to investment manager for the calendar year 2004.</p>
	<p>11.b. Approximate dollar value of such dealing. \$58,000</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Lunch meeting with representative of investment manager.</p> <p>12.b. Amount. \$25</p>

Name of Person Filing Angelo Serse

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Local Union 806

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 45 West 14th Street

City New York

State New York ZIP Code + 4 10011-7419

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Related organization.

11.b. Approximate dollar value of such dealing.

\$0

12.a. Nature of interest held or income received.

Attended Local Union 806 Trustee meeting.

12.b. Amount.

\$100

Name of Person Filing Angelo Serse	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name General Vision Services LLC</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 9th Floor</p> <p>Street 520 Eighth Avenue</p> <p>City New York</p> <p>State New York ZIP Code + 4 10018</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Painting Industry Insurance Fund</p> <p>Trade Name if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 45 West 14th Street</p> <p>City New York</p> <p>State New York ZIP Code + 4 10011</p>	<p>11.a. Nature of such dealing.</p> <p>Amounts paid to optical benefit provider for the calendar year 2004.</p>
	<p>11.b. Approximate dollar value of such dealing. \$331,160</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Golf outing / lunch sponsored by optical benefit provider:</p> <p>- Golf: \$ 30</p> <p>- Door prize: \$ 30</p> <p>12.b. Amount. \$110</p>

Name of Person Filing Angelo Serse

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Master Painters Association of New York City Trade Name if any: P.O. Box, Bldg., Room No., if any Room 506 Street 50 East 42nd Street City New York State New York ZIP Code + 4 10117	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. Amounts paid to the Employers Association of the Painting Industry in New York for the calendar year 2004: Convention - \$2,500 Advertising - \$ 600 Contributions - \$ 200
	11.b. Approximate dollar value of such dealing. \$3,300
	12.a. Nature of interest held or income received. Golf outing / dinner sponsored by Association: - Golf: \$ 75 - Dinner: \$ 300 Note: Dinner included wife and kids. 12.b. Amount. \$375

Name of Person Filing Angelo Serse	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Fidelity Investments</p> <p>Trade Name if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 61 Broadway</p> <p>City New York</p> <p>State New York ZIP Code + 4 10006</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employee's name.</p> <p>Name Pairing Industry Insurance Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 45 West 14th Street</p> <p>City New York</p> <p>State New York ZIP Code + 4 10011</p>	<p>11.a. Nature of such dealing.</p> <p>None.</p>
	<p>11.b. Approximate dollar value of such dealing. \$0</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Lunch meeting with representative of investment company.</p> <p>12.b. Amount. \$55</p>

Name of Person Filing Angelo Serse	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Voyager Asset Management</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any Suite 2000</p> <p>Street 2000 L.S.T. NW</p> <p>City Washington</p> <p>State District of Columbia ZIP Code + 4 20016</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Painting Industry Insurance Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 45 West 14th Street</p> <p>City New York</p> <p>State New York ZIP Code + 4 10011</p>	<p>11.a. Nature of such dealing.</p> <p>Amounts paid to investment manager in the calendar year 2004.</p>
	<p>11.b. Approximate dollar value of such dealing. \$125,529</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Dinner meeting with representative of investment manager.</p> <p>12.b. Amount. \$80</p>

Name of Person Filing Angelo Serse	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Koehler & Issacs LLP</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 29th Floor</p> <p>Street 120 Broadway</p> <p>City New York</p> <p>State New York ZIP Code + 4 10271</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Fees paid for legal services in the calendar year 2004.</p>
	<p>11.b. Approximate dollar value of such dealing. \$149,189</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Digital camera.</p> <p>12.b. Amount. \$400</p>

Name of Person Filing Angelo Serse	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Koehler & Issacs LLP</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any 29th Floor</p> <p>Street 120 Broadway</p> <p>City New York</p> <p>State New York ZIP Code + 4 10271</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Fees paid for legal services in the clalendar year 2004.</p>
	<p>11.b. Approximate dollar value of such dealing. \$149,189</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Holiday gift - beer of the month club.</p> <p>12.b. Amount. \$95</p>

Name of Person Filing Angelo Serse	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Koehler & Issacs LLP</p> <p>Trade Name if any:</p> <p>P.O. Box, Bldg., Room No., if any 29th Floor</p> <p>Street 120 Broadway</p> <p>City New York</p> <p>State New York ZIP Code + 4 10271</p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employee's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p>Fees paid for legal services in the calendar year 2004.</p>
	<p>11.b. Approximate dollar value of such dealing. \$149,189</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Drinks following Department of Transportation Residency Hearing.</p> <p>12.b. Amount. \$75</p>

Name of Person Filing Angelo Serse	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Union Labor Life Insurance Company</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 451 Park Avenue South</p> <p>City New York</p> <p>State New York ZIP Code + 4 10016</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Painting Industry Insurance Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 45 West 14th Street</p> <p>City New York</p> <p>State New York ZIP Code + 4 10011</p>	<p>11.a. Nature of such dealing.</p> <p>Amounts paid to insurance carrier providing health insurance benefits for the calendar year 2004.</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$8,707,288</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>Dinner with insurance company representative to discuss Local 806 renewal and prepare for trustees meeting.</p> <hr/> <p>12.b. Amount. \$70</p>

Name of Person Filing Angelo Serse	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Union Labor Life Insurance Company</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 451 Park Avenue South</p> <p>City New York</p> <p>State New York ZIP Code + 4 10016</p>	<p>9. Business deals with</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Painting Industry Insurance Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 45 West 14th Street</p> <p>City New York</p> <p>State New York ZIP Code + 4 10011</p>	<p>11.a. Nature of such dealing.</p> <p>Amounts paid to insurance carrier providing health insurance benefits for the calendar year 2004.</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$8,707,288</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>Dinner with insurance company representative to discuss claim issues and resolutions.</p> <hr/> <p>12.b. Amount. \$76</p>

Name of Person Filing Angelo Serse	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Union Labor Life Insurance Company</p> <p>Trade Name if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 451 Park Avenue South</p> <p>City New York</p> <p>State New York ZIP Code + 4 10016</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Pairting Industry Insurance Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 45 West 14th Street</p> <p>City New York</p> <p>State New York ZIP Code + 4 10011</p>	<p>11.a. Nature of such dealing.</p> <p>Amounts paid to insurance carrier providing health insurance benefits for the calendar year 2004.</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$8,707,288</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>Dinner to meet new ULLICO account executive at which the new ULLICARE Rx Plan was discussed.</p> <hr/> <p>12.b. Amount. \$69</p>

Name of Person Filing Angelo Serse	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Union Labor Life Insurance Company</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 451 Park Avenue South</p> <p>City New York</p> <p>State New York ZIP Code + 4 10016</p>	<p>9. Business deals with</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Painting Industry Insurance Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 45 West 14th Street</p> <p>City New York</p> <p>State New York ZIP Code + 4 10011</p>	<p>11.a. Nature of such dealing.</p> <p>Amounts paid to insurance carrier providing health insurance benefits for the calendar year 2004.</p>
	<p>11.b. Approximate dollar value of such dealing. \$8,707,288</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Dinner meeting to discuss ULLICO update and August 2004 convention.</p> <p>12.b. Amount. \$89</p>

Name of Person Filing Angelo Serse	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Union Labor Life Insurance Company</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 451 Park Avenue South</p> <p>City New York</p> <p>State New York ZIP Code + 4 10016</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Painting Industry Insurance Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 45 West 14th Street</p> <p>City New York</p> <p>State New York ZIP Code + 4 10011</p>	<p>11.a. Nature of such dealing.</p> <p>Amounts paid to insurance carrier providing health insurance benefits for the calendar year 2004.</p>
	<p>11.b. Approximate dollar value of such dealing. \$8,707,288</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Dinner with insurance company representatives to discuss second quarter earnings and upcoming meeting in Washington with the I.U.P.A.T.</p> <p>12.b. Amount. \$95</p>

Name of Person Filing Angelo Serse	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Painting Industry Insurance Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 45 West 14th Street</p> <p>City New York</p> <p>State New York ZIP Code + 4 10011</p>	<p>11.a. Nature of such dealing.</p> <p>Amounts paid to insurance carrier providing health insurance benefits for the calendar year 2004.</p>
	<p>11.b. Approximate dollar value of such dealing. \$8,707,288</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Dinner meeting with insurance company representatives and other delegates regarding ULLICO updates at the I.U.P.A.T. 29th General Convention.</p> <p>12.b. Amount. \$58</p>

Name of Person Filing Angelo Serse	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Union Labor Life Insurance Company</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 451 Park Avenue South</p> <p>City New York</p> <p>State New York ZIP Code + 4 10016</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Painting Industry Insurance Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 45 West 14th Street</p> <p>City New York</p> <p>State New York ZIP Code + 4 10011</p>	<p>11.a. Nature of such dealing.</p> <p>Amounts paid to insurance carrier providing health insurance benefits for the calendar year 2004.</p> <hr/> <p>11.b. Approximate dollar value of such dealing. \$8,707,288</p> <hr/> <p>12.a. Nature of interest held or income received.</p> <p>Dinner with insurance company representatives to discuss second quarter earnings and upcoming meeting in Washington with the I.U.P.A.T.</p> <hr/> <p>12.b. Amount. \$67</p>

Name of Person Filing Angelo Serse

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Union Labor Life Insurance Company</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 451 Park Avenue South</p> <p>City New York</p> <p>State New York ZIP Code + 4 10016</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Painting Industry Insurance Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 45 West 14th Street</p> <p>City New York</p> <p>State New York ZIP Code + 4 10011</p>	<p>11.a. Nature of such dealing.</p> <p>Amounts paid to insurance carrier providing health insurance benefits for the calendar year 2004.</p> <p>11.b. Approximate dollar value of such dealing. \$8,707,288</p> <p>12.a. Nature of interest held or income received.</p> <p>Meeting with the New York City Central Labor Council, Asbestos Workers vice-president, and other I.U.P.A.T. representatives.</p> <p>12.b. Amount. \$58</p>

Name of Person Filing Angelo Serse

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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Union Labor Life Insurance Company Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 451 Park Avenue South City New York State New York ZIP Code + 4 10016	9. Business deals with a. Labor Organization <input checked="" type="checkbox"/> b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Painting Industry Insurance Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 45 West 14th Street City New York State New York ZIP Code + 4 10011	11.a. Nature of such dealing. Amounts paid to insurance carrier providing health insurance benefits for the calendar year 2004.
	11.b. Approximate dollar value of such dealing. \$8,707,288
	12.a. Nature of interest held or income received. Dinner meeting sponsored by ULLICO with other labor representatives to discuss new Pharmacy program. 12.b. Amount. \$61

Name of Person Filing Angelo Serse

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Union Labor Life Insurance Company</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 451 Park Avenue South</p> <p>City New York</p> <p>State New York ZIP Code + 4 10016</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
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	<p>11.b. Approximate dollar value of such dealing. \$8,707,288</p>
	<p>12.a. Nature of interest held or income received.</p> <p>Dinner with insurance company representative to discuss renewal.</p> <p>12.b. Amount. \$33</p>

Name of Person Filing Angelo Serse	File Number U-
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Union Labor Life Insurance Company</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 451 Park Avenue South</p> <p>City New York</p> <p>State New York ZIP Code + 4 10016</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer</p>
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